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Attorney for Plaintiff ESTATE OF GERARDO VALENTINEZ

FILED  
08 APR 29 PM 3:56  
CLERK, U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA  
BY: *[Signature]*  
DEPUTY

UNITED STATES DISTRICT COURT  
IN AND FOR THE SOUTHERN DISTRICT OF CALIFORNIA

THE ESTATE OF GERARDO  
VALENTINEZ by its personal  
representative, SKYE VALENTINEZ, an  
individual and minor, by and through her  
guardian ad litem,

Plaintiffs,

v.

UNITED STATES OF AMERICA and  
DOES 1-20, INCLUSIVE,

Defendants.

Case No. **08 CV 0781 BEN WMC**  
DECLARATION OF GLORIA SERRANO  
OLIV VALENTINEZ TO SERVE AS  
SUCCESSOR IN INTEREST TO THE  
ESTATE OF GERARDO VALENTINEZ

[CCP § 377.32]

1 I, GLORIA SERRANO OLIV VALENTINEZ, declare as follows:

2 1. I am over the age of eighteen and I reside in Colonia Loma Bonita, Municipio de  
3 Tonalá, Guadalajara Jalisco, Mexico. If called to testify to the matters set forth herein, I could and  
4 would testify to these matters based on my own personal knowledge.

5 2. The decedent is my son, Gerardo Valentinez.

6 3. Gerardo Valentinez died on March 28, 2007.

7 4. No proceeding is now pending in California for administration of the decedents estate.

8 5. Your declarant is the decedent's successor in interest (as defined in Section 377.11 of  
9 the California Code of Civil Procedure) and succeeds to the decedent's interest in this action.

10 6. No other person has a superior right to commence the action or proceeding or to be  
11 substituted for the decedent in the pending action or proceeding.

12 7. Decedent's death certificate is filed with this court.

13 I declare under the penalty of perjury that the foregoing is true and correct and that this  
14 declaration was signed in Colonia Loma Bonita, Municipio de Tonalá, Guadalajara Jalisco,  
15 Mexico.

16  
17 DATED: 4-21-08

  
Gloria Serrano Oliv Valentinez

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF SAN DIEGO

GREGORY J. SMITH  
ASSESSOR/RECORDER/COUNTY CLERK

STATE & FEDERAL		STATE OF CALIFORNIA		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (If any)	
GERARDO				VALENTINEZ	
4. DATE OF BIRTH		5. AGE Yrs.		6. SEX	
09/30/1976		30		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CALIFORNIA		UNKNOWN		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		13. DATE OF DEATH		14. HOUR (24 Hours)	
NEVER MARRIED		03/28/2007		0051	
15. EDUCATION - Highest Level/Degree (See explanation on back)		16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see explanation on back)		17. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
HS GRADUATE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CAUCASIAN	
18. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		19. KIND OF BUSINESS OR INDUSTRY (A-E, specify year, type construction, employment agency, etc.)		20. YEARS IN OCCUPATION	
CARPENTER		CABINETS		3	
21. DECEDENT'S RESIDENCE (Street and number or location)		22. CITY		23. COUNTY/PROVINCE	
3231 1/2 DREW STREET		LOS ANGELES		LOS ANGELES	
24. ZIP CODE		25. YEARS IN COUNTY		26. STATE/FOREIGN COUNTRY	
90065		30		CALIFORNIA	
27. INFORMANT'S NAME, RELATIONSHIP		28. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
ANGELA RUIZ, FRIEND		3231 1/2 DREW STREET, LOS ANGELES, CA 90065			
29. NAME OF SURVIVING SPOUSE - FIRST		30. MIDDLE		31. LAST (No last name)	
32. NAME OF FATHER - FIRST		33. MIDDLE		34. LAST	
JUAN				VALENTINEZ	
35. NAME OF MOTHER - FIRST		36. MIDDLE		37. LAST	
GLORIA				SERRANO	
38. BIRTH STATE		39. BIRTH STATE		40. BIRTH STATE	
MEXICO		MEXICO		MEXICO	
41. TYPE OF DISPOSITION		42. PLACE OF FINAL DISPOSITION		43. LICENSE NUMBER	
TR/BU		PANTEON MUNICIPAL DEL ROSARIO		7593	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FELIPE BAGUES MORTUARY		FD430		WILMA WOOTEN, MD	
47. DATE		48. SIGNATURE OF CORONER/DEPUTY CORONER		49. DATE	
04/05/2007				04/05/2007	
50. PLACE OF DEATH		51. IF HOSPITAL, SPECIFY ONE		52. IF OTHER THAN HOSPITAL, SPECIFY ONE	
SHARP CHULA VISTA		<input checked="" type="checkbox"/> ERG <input type="checkbox"/> ICU <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other	
53. COUNTY		54. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		55. CITY	
SAN DIEGO		751 MEDICAL CENTER COURT		CHULA VISTA	
56. CAUSE OF DEATH		57. IMMEDIATE CAUSE (Final disease or condition resulting in death)		58. DEATH REPORTED TO CORONER?	
PENDING INVESTIGATION				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
59. UNDERLYING CAUSE (Immediate or injury that preceded the events leading to death) LAST		60. DEATH REPORTED TO CORONER?		61. DEATH REPORTED TO CORONER?	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
62. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 57		63. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 101 OR 113? (If yes, type of operation and date)		64. IF FEMALE, PREGNANT IN LAST YEAR?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
65. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		66. SIGNATURE AND TITLE OF CERTIFIER		67. LICENSE NUMBER	
Decedent Attended Since		Decedent Last Seen Alive		68. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
69. MANNER OF DEATH		70. INJURED AT WORK?		71. INJURY DATE	
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		72. HOUR (24 Hours)	
73. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		74. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		75. LOCATION OF INJURY (Street and number, or location, and city, state, and ZIP)	
76. SIGNATURE OF CORONER/DEPUTY CORONER		77. DATE		78. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
STEVEN CAMPMAN		03/29/2007		STEVEN CAMPMAN, MD, DME	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

March 19, 2008

Gregory J. Smith  
Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk



\*002242571\*

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE